## **Department of Agriculture, Trade and Consumer Protection** Landlord/Tenant

<u>To Businesses:</u>
We encourage consumers to use this form when they first contact you with a problem. Please take this opportunity to promote your business by quickly working out this dispute.

| 1. How do we contact you?                                       |               |                          |                      |                   |
|---|---------------|--------------------------|----------------------|-------------------|
| Name: (Mr. Mrs. Miss Ms.)                                       | irst)         | (middle)                 |                      | (last)            |
| Home Phone: ( ) Work F  |               |                          | xt Email:            |                   |
| Phone me between 8:00 A.M. and 4:00 P.M. at:                    | (circle one)  | Home Work                | Best time:           |                   |
| Address:  |               | PO Box:                  |                      | Apt.#             |
| City:   | _ State:      | Zip:                     | County:              | :                 |
| Rental property address:  | A             | .pt. # Apartment/l       | 3uilding Name:       |                   |
| Rental property city:   | _ State       | Zip:                     | County               |                   |
| 2. What business is your complaint against?                     |               |                          |                      |                   |
| Name of landlord or property manager:                           |               |                          |                      |                   |
| Name of rental management company, if any:                      |               |                          |                      |                   |
| Name of property owner, if known:                               |               |                          |                      |                   |
| Address:  |               | PO Box:                  |                      | Apt.#             |
| City:   | _ State:      | Zip:                     | County:              | :                 |
| Phone: ( ) Name of pe   | rson<br>to:   |                          | Title:               |                   |
| Information about your complaint                                |               |                          |                      |                   |
| 3. Did you sign a written rental agreement or lea               | se? (circle   | e one) No Yes            | If yes, please       | attach a copy.    |
| 4. Date lease began:  |               | Date lease ended:        |                      |                   |
| 5. Date you moved in:   |               | Date you moved out: _    |                      |                   |
| 6. Did you receive a check-in list? (circle one)                | No            | Yes If yes, plea         | ase enclose a copy   | •                 |
| 7. Were you informed of unsafe conditions befor                 | re you agree  | ed to rent? (circle one  | ) No                 | Yes               |
| 8. Has a building inspector ordered the landlord                | to make rep   | pairs? (circle one) No   | Yes Date:            |                   |
| What repairs?   |               | Name of bu               | ilding inspector?    |                   |
| 9. Did you notify the landlord you planned to move              | ve? (circ     | cle one) No Yes          | Date:                |                   |
| 10. How did you notify the landlord you planned to              | to move?      | (circle one) Writte      | n notice Pho         | one In person     |
| 11. Amount of security deposit paid: \$                         |               | Date security deposit pa | nid:                 |                   |
| 12. Amount of security deposit returned to you?                 | \$            | Amour                    | nt withheld? \$      |                   |
| 13. Did you get a written statement from the land               | dlord accoun  | nting for amounts withhe | ld from the security | y deposit? No Yes |
| If yes, please include a copy. Date you recei                   | ived it:      |                          |                      |                   |
| 14. Did the landlord and/or employees of the land If yes, date: | dlord enter y | our apartment without g  | jiving 12-hour notic | ce? No Yes        |

| 15. Have you received an eviction notice?  | No  | Yes             | When?   | Date of eviction:  |
|--|---|-----------------|---|--|
| 16. Describe your complaint in detail. (Pleas<br>written<br>statements, check-in/check-out lists, etc.) _                                  |   | -               |   |  |
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| 16. How do you feel your complaint should I  | be resolve  | d? (pleas       | se be specific)   |  |
|  |   |                 |   |  |
|  |   |                 |   |  |
| The information you provide will be used in e against. It may also be used to enforce appli available for public review upon request, afte | cable state   | e laws.   U     | Inder Wisconsin's O   | Open Records Law, this complaint will be   |
| The above information is true and accurate to  | o the best  | of my kn        | owledge.  |  |
| Your signature:  |   |                 |   | Date:  |
| Return this form and copies of your papers to ou   | ur office loc   | ated near       | est to the business:  |  |
| Eau Claire WI 54701 Milwauke<br>(715) 839-3848 (414  | T REGIONA<br>W Potter Rd<br>ee WI 5322<br>4) 266-1231<br>(414) 266-12 | Ste C<br>6-3450 | NORTHEAST REGIO<br>200 N Jefferson St<br>Green Bay WI<br>(920) 448-511<br>FAX: (920) 448- | Ste 146A       PO Box 8911         54301       Madison WI 53708-8911         10       (608) 224-4960 |

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER PO Box 8911 Madison WI 53708-8911 (800) 422-7128

FAX: (608) 224-4939

TDD: (608) 224-5058

EMAIL: datcphotline@datcp.state.wi.us WEBSITE: http://datcp.state.wi.us/